



STATE OF IDAHO

APPLICATION FOR EMPLOYMENT

Donna M. Jones
IDAHO STATE CONTROLLER
700 WEST STATE STREET
P.O. BOX 83720

This Application may be used for ONE POSITION ONLY. If you wish to apply for more than one position with the State Controller, please submit a separate application for EACH position. If you believe that you meet the minimum qualification for this position, complete this application and any other necessary forms. Unsigned applications will not be processed.

There will be no illegal discrimination in hiring due to race, color, sex, religion, national origin, age, handicap or veterans status.

Notice: Upon submission of this application to the State Controller's Office, it becomes the property of the office and subject to all proprietary rights and restrictions regarding State property and documents. If you wish to retain a copy of the application, you should retain a duplicate before submission. The State Controller's Office will not return it or reproduce a copy for you.

Position Applied For		Date			
Last Name		First Name		Middle Initial	
Mailing Street Address					
City		State		Zip	
Other names, if used on other State of Idaho applications					
Home Phone		Message or Work Phone		Social Security Number	
Are you currently employed by the State of Idaho? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, What Department or Agency <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary			
Date Available to Begin work	Will You Accept Part-Time <input type="checkbox"/> Yes <input type="checkbox"/> No Shift Work <input type="checkbox"/> Yes <input type="checkbox"/> No Temporary Employment <input type="checkbox"/> Yes <input type="checkbox"/> No Night Work <input type="checkbox"/> Yes <input type="checkbox"/> No Full-time Employment <input type="checkbox"/> Yes <input type="checkbox"/> No				
EDUCATION					
Name of Institution	Location <i>City, State</i>	From <i>Mo / Yr</i>	To <i>Mo / Yr</i>	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Qualifications, Skills, Languages		Kind of License or Certificate		State or Other Licensing Authority	
		Year of First License/Certificate		Year Current License/Certificate	

EXPERIENCE

Employment History:

List below your work history beginning with your present or most recent job.

Employer's Name and Address (Firm, Organization, etc.)	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Exact Title of Position	From Month/Year	To Month/Year
	Salary / Wage Per Year	Phone Number ()	Total Time Years / Months	Hours Per Week
Supervisor's Name				
Reason for Leaving				
Employer's Name and Address (Firm, Organization, etc.)	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Exact Title of Position	From Month/Year	To Month/Year
	Salary / Wage Per Year	Phone Number ()	Total Time Years / Months	Hours Per Week
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